

Time Critical Diagnosis—Stroke and STEMI System Implementation

STEMI Prehospital PROTOCOL

For Discussion 4/7/09

DISTRIBUTION: All Prehospital Operations Personnel.

Changes Feb. 10 revised by out of hospital and STEMI group jointly

PURPOSE: To outline the treatment guidelines to be followed for patients presenting with *(need definition)

PROTOCOL

1. Obtain a 12-Lead ECG **within 5 minutes of patient contact** and transmit **as early as possible** to the receiving facility. **If time permits, obtain serial 12 leads during transport. 15 lead if time permits?**
2. ABCs; **administer oxygen**; obtain vital signs & history; apply **ECG and continuously monitor**.
3. Decide which STEMI center to transport to and determine if patient should be transported by ground or air.
4. Unless contraindicated, administer 4 chewable baby aspirin (81 mg. each).
5. Begin transport urgently (within 10 minutes) to a STEMI center. In the event the patient develops an unmanageable life-threatening situation while enroute, contact the closest hospital and obtain orders and/or authorization to divert to that facility.

NOTE: An *appropriate facility offering primary PCI* as defined by TCD regulation.

Level ? if < ? minutes

Level ? if > ? minutes but < ? minutes

(table discussion)

6. Obtain medication and allergy information.
7. Establish IV (preferably in Left arm).
8. If SBP > 140 mmHg and patient is presenting with cardiac type chest pain or discomfort, administer *Nitro* sublingually per regional protocol. If RV infarct identified do not administer nitro. Ask if the patient is taking an ED drug.

Start here at March meeting

9. If BP < 90 mmHg and patient is not in acute pulmonary edema administer a 300 mL fluid challenge.
10. If chest pain is still present administer MORPHINE SULFATE (*Morphine*) in increments of 2-4 mg, titrate to relief of pain.
11. Contact Medical Control for further orders as soon as possible. Examples of possible orders listed below.
12. Patient handoff at the hospital should include: patient assessment and condition upon arrival, including time of onset, **copies of 12-lead ECG**; care provided; and changes in condition following treatment and specific immediate family contact information.